

UNIVERSAL PRECAUTIONS

The following information is used with permission from the Texas Public Health Department, The Texas Guide to School Health Programs:

Anticipating Potential Contact

The most important step in preventing exposure to and transmission of infections is the anticipation of potential contact with infectious materials in routine and emergency situations. Universal precautions and infection control techniques should be used in all situations that present the hazard of infection. Diligent and proper hand washing, the use of barriers (e.g., latex or vinyl gloves), appropriate disposal of waste products and needles, and proper care of spills are essential techniques of infection control.

When using universal precautions to prevent the spread of infection, all blood and body fluids are treated as if they contain blood borne pathogens, such as human immunodeficiency virus (HIV) and hepatitis B virus (HBV). HIV and HBV can be found in:

- Blood
- Spinal Fluid
- Synovial Fluid
- Vaginal Secretions
- Semen
- Pericardial Fluid
- Breast Milk
- Peritoneal Fluid
- Amniotic Fluid
- Pleural Fluid

Hepatitis B Virus (HBV)

HBV is also found in saliva and other body fluids such as urine, vomitus, nasal secretions, sputum, and feces. It is impossible to know whether these body fluids contain blood borne pathogens; therefore, all body fluids should be considered potentially infectious. All students and staff when handling or coming into contact with any blood or body fluids should observe universal precautions.

Hand Washing

Diligent and proper hand washing is a key component of infection control. Hands should be washed:

- Immediately before and after physical contact with a student (e.g., diaper changes, assistance with toileting, or assistance with feeding);
- Immediately after contact with blood or body fluids or garments or objects soiled with body fluids or blood;
- After contact with used equipment (e.g., stethoscope, emesis basin, and gloves); and
- After removing protective equipment, such as gloves or clothing.

Procedure:

1. Remove jewelry and store it in a safe place prior to initial hand washing (replace jewelry after final hand washing).
2. Wash hands vigorously with soap under a stream of running water for approximately 10 seconds.

3. Rinse hands well with running water, and thoroughly dry with paper towels.
4. If soap and water are unavailable, bacteriostatic/bactericidal wet towelettes, or alcohol-based hand rubs may be used.
5. Alcohol-based hand-rubs significantly reduce the number of microorganisms on the skin, are fast acting and cause less skin irritation. When using an alcohol-based hand rub, apply the product to the palm of one hand and rub hands together, covering all surfaces of the hands and fingers, until hands are dry. The volume needed to reduce the number of bacteria on the hands varies by product.

Avoiding Contact with Body Fluids

Gloves

Direct skin contact with body fluids should be avoided as much as possible. Disposable single-use waterproof, latex, or vinyl gloves should be available in school clinics. Vinyl gloves should be used with students who have a latex allergy or a high potential for developing a latex allergy, such as students with spina bifida. The use of gloves reduces the risk of contact with blood and body fluids for the caregiver as well as to control the spread of infectious agents from student to employee, employee to student, or employee to employee.

Gloves should be worn when direct care involves contact with any type of body fluids. Incidents when gloves should be worn include (but are not limited to): caring for nose bleeds, changing a bandage or sanitary napkin, cleaning up spills or garments soiled with body fluids, disposing of supplies soiled with blood, or any procedure where blood is visible. Gloves should also be worn when changing a diaper, catheterizing a student, or providing mouth, nose, or tracheal care. (For children who receive regularly scheduled health care services, i.e. tracheal care or suctioning, the family should provide the gloves.)

Do Not Reuse Gloves

After each use, gloves should be removed without touching the outside of the glove and disposed of in a lined waste container. After removing the gloves, the hands should be washed according to the hand washing procedure.

Protective Clothing

If spattering of body fluids is anticipated, the clothing of the caregiver should be protected with an apron or gown and the face protected with a facemask and eye goggles or face shield. The apron or gown should be disposed of after it is used or if it can be reused, it should not be used again until it has been laundered.

Disposal of Infectious Waste

Contaminated Supplies

All used or contaminated supplies (e.g., gloves and other barriers, sanitary napkins, Band-Aids), except syringes, needles, and other sharp implements, should be placed into a plastic bag and sealed. This bag should be thrown into the garbage out of reach of children or animals.

Used Needles, Syringes, and Other Sharp Objects

Needles, syringes, and other sharp objects should be placed in a metal or other puncture-proof container that is leak-proof on the bottom and sides **immediately after use**. To reduce the risk of a cut or accidental puncture by a needle, NEEDLES SHOULD NOT BE RECAPPED, BENT, OR REMOVED FROM THE SYRINGE BEFORE DISPOSAL. Once the container is full, it should be sealed, bagged, and kept out of the reach of children until it can be disposed of properly. Schools may choose to dispose of sharps in a closed opaque container in the general trash (as diabetics do at home) or arrange for onsite pick-up by a certified provider.

Body Waste

Body waste (e.g., urine, vomitus, and feces) should be disposed of in the toilet. If such body fluids as urine and vomitus are spilled, the body fluids should be covered with an absorbent sanitary material, gently swept up, and discarded in plastic bags.

Clean-Up

Spills of blood and body fluids should be cleaned up immediately with an approved disinfectant cleaner.

Procedure:

1. Wear gloves.
2. Mop up spill with absorbent material.
3. Wash the area well, using the disinfectant cleaner supplied in the clinics or a 1:10 bleach solution (mix 1 part household bleach, sodium hypochlorite, in ten parts of water). Replace solution daily.
4. Dispose of gloves, soiled towels, and other waste in sealed plastic bags and place in garbage, as indicated earlier.
5. Wash hands.

Routine Environmental Clean Up of Facilities

Routine environmental clean up of facilities (e.g., clinic and bathrooms) do not require modification unless contaminated with blood or body fluids. If the area has been contaminated with blood or body fluids, the area should be decontaminated using the procedure outlined above. Regular cleaning of non-contaminated surfaces, such as toilet seats and tabletops, can be done using standard cleaning solutions or the 1:10 bleach solution described above. Regular cleaning of obvious soil is more effective than extraordinary attempts to disinfect or sterilize surfaces.

Cleaning Tools

Brooms and dustpans must be rinsed in disinfectant. Mops must be soaked in disinfectant, washed and thoroughly rinsed. The disinfectant solution should be disposed of promptly down the drain.

Laundry

Whenever possible, disposable gloves and gowns should be used if contamination with blood or body fluids is anticipated. If sheets, towels, or clothing become soiled, they should not be handled more than necessary. Wash contaminated items with hot water and detergent for at least 25 minutes. Presoaking may be required for heavily soiled clothing. The most important factor in laundering clothing contaminated in the school setting is elimination of potentially infectious agents by soap and hot water.

Soiled student clothing should be rinsed using gloves, placed in a plastic bag, and sent home with appropriate washing instructions for the parents.

Accidental Exposure

Accidental exposure to blood, body product, or body fluids places the exposed individual at risk of infection. The risk varies depending on the type of body fluid (e.g., blood vs. respiratory vs. feces), the type of infection (e.g., salmonellae vs. haemophilus influenzae virus vs. HIV), and the integrity of the skin that is contaminated.

Procedure:

1. Always wash the contaminated area immediately with soap and water.
2. If the mucous membranes (i.e., eye or mouth) are contaminated by a splash of potentially infectious material or contamination of broken skin occurs, irrigate or wash area thoroughly.
3. For cuts or needle injuries, wash the skin thoroughly with soap and water.

If broken skin or mucous membranes are contaminated or a needle puncture occurs, the caregiver should document the incident and the student's parent or guardian notified. The person who was exposed to the infection should contact his/her health care provider for further care as outlined in the recommendations by the Centers for Disease Control and Prevention (CDC).

Pregnant Women

Pregnant women are not at higher risk for infection than other caregivers provided that appropriate precautions are observed. There is, however, the possibility of an utero transmission of viral infections, such as cytomegalovirus (CMV), HIV, Varicella or HBV to unborn children.⁽⁴⁾